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SERIAL NUMBER 10/800,531	FILING OR 371(c) DATE 03/15/2004 RULE	CLASS 424	GROUP ART UNIT 1618	ATTORNEY DOCKET NO. MRD / 64CP
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APPLICANTS

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**** CONTINUING DATA *******

This application is a CIP of 09/864,011 05/23/2001 PAT 6,706,254 which is a CIP of 09/484,322 01/18/2000 PAT 6,395,257

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 04/27/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY MO	SHEETS DRAWING 14	TOTAL CLAIMS 44	INDEPENDENT CLAIMS 7
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	Met after Allowance			
Verified and Acknowledged	Examiner's Signature	Initials			

ADDRESS

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TITLE

Receptor-avid exogenous optical contrast and therapeutic agents

FILING FEE RECEIVED 1676	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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